Qualitative Research and the Profound Grasp of the Obvious

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Objective. To discuss the value of promoting coexistent and complementary relationships between qualitative and quantitative research methods as illustrated by presentations made by four respected health services researchers who described their experiences in multi-method projects.

Data Sources. Presentations and publications related to the four research projects, which described key substantive and methodological areas that had been addressed with qualitative techniques.

Principal Findings. Sponsor interest in timely, insightful, and reality-anchored evidence has provided a strong base of support for the incorporation of qualitative methods into major contemporary policy research studies. In addition, many issues may be suitable for study only with qualitative methods because of their complexity, their emergent nature, or because of the need to revisit and reexamine previously untested assumptions.

Conclusion. Experiences from the four projects, as well as from other recent health services studies with major qualitative components, support the assertion that the interests of sponsors in the policy realm and pressure from them suppress some of the traditional tensions and antagonisms between qualitative and quantitative methods.

Key Words. Qualitative methods, health services research, policy studies

> *I argue . . . the test of the value of any formal social policy is to be found in everyday experience rather than in the highly selective abstractions of the statistics, accounting devices and indicators found in official documents. While all these devices are necessary tools for a large and complex society, they are only as useful as one's capacity to interpret them wisely. And one's capacity to interpret them accurately depends on the depth of one's acquaintance with the everyday experience of those concrete people doing their work in their own way.*
>
> Eliot Freidson, in preface to *Doctoring Together* (1975)

It is instructive to re-read the pages of one of the legendary pieces of qualitative research just cited, and at the same time to read on the pages of the financial press the apparent demise of the short-lived physician practice management industry. Perhaps the developers and promoters of this industry, and certainly its investors, would have been well served to have cultivated a richer understanding of what an exceedingly difficult task it is to rationalize a cottage industry or to industrialize the physician collegium. The statistics on industry fragmentation, measures of physician capacity and productivity, and a variety of accounting indicators may have seemed persuasive in concluding that the timing and the model were right. But one is left wondering if what has been missing in this industry is simply a basic understanding of the phenomenon: organized physician practice. And it was there all along in the pages of this extraordinary qualitative study.

It has become axiomatic to characterize good research as being the profound grasp of the obvious. Framed in that fashion, it is hardly surprising, then, that qualitative research has an integral role to play in much of our contemporary health services research. Applied fields of study require a close and clear connection with contemporary reality both for descriptive and interpretive purposes, and for the more prosaic tasks of providing context and story lines that are understandable to sponsors and consumers of this research. This is nowhere truer than in the large-scale multi-method policy research and evaluation studies that have become the bulwark of support for much of the current health services research workforce. For these projects, qualitative research techniques have not been relegated to the "oppositional culture" status that has befallen them in other fields and in many academic environs. In large measure this may be because, without their inclusion, this research would simply not be responsive to many important questions under investigation. In fact, the expectations of sponsors for timely, relevant, and practical findings have required that research and evaluation designs address explicitly the contribution of qualitative methods to their studies.

This article describes selected evidence from the field of health services research to indicate the standing that qualitative research has attained. Following a brief background, it provides a summary of the diverse contributions of qualitative research to four recent research projects as seen from the

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vantage point of experienced researchers employing these techniques. The researchers shared their insights and reflections on challenges that they and their colleagues faced when they used qualitative methods in these studies and other work. Finally, some general themes are synthesized and discussed from these projects with implications drawn for current and future health services researchers.

THE QUALITATIVE CONTRIBUTION

Sofaer (1999) has provided a thoughtful and comprehensive discussion of the principal qualitative research methods and a convincing rationale for using them in health services. Qualitative methods offer powerful and versatile techniques to examine the complexities and subtleties in the complicated sets of relationships in health care financing, organization, and delivery. Sofaer's arguments underscore just how false the adversarial relationship between qualitative and quantitative research may actually be in applied, area studies like health services research.

Many of the major research initiatives in recent years have been conducted by collaborative consortia of research centers or, at a minimum, by multi-disciplinary teams from a single organization. These studies appear to transcend what Patton (1997) calls the "politics of the paradigm," by clearly specifying the expected contributions of the qualitative research components of the projects. Typically, they envision a coexistent or complementary, not competitive, role for qualitative methods in complex, multi-phased designs. It is common to see qualitative work as an integral developmental component to guide fieldwork in gaining a basic understanding of the issues under study. This foundational work may feed into the conceptual modeling and instrument development that is subsequently employed in more massive data collection and quantitative analysis efforts. Or qualitative methods may be the primary research and evaluation approach employed in studies if the emphasis is on critical process issues, such as implementation or obstacles to the implementation of new initiatives.

Qualitative methods provide a greater flexibility for the adaptive work of selected phases of research and evaluation projects where the researchers, like well-informed forward observers, may be educating themselves for the purpose of proceeding to less flexible, but more statistically robust methods of analysis in later stages. In some instances, the issues under study simply do not yield themselves to conventional models of quantitative analyses

that require more precision or sufficiently large numbers of observations to be tractable to mathematical modeling. At a more basic level, in-depth participant observation may be an essential element of the sense-making process for issues or developments that are emergent or simply so complicated that confusion about them abounds.

Often impact analyses may not have clear, practical relevance unless they are complemented by a detailed assessment of the implementation and operation dynamics that accompanied them. The slippage between ideal models and implemented programs may be missed and inadvertently relegated to the error term of the regression analyses in the absence of thorough ground-level field studies. In this vein, being confused by reality is, in fact, a virtue not a failing of applied research. Finally, the effective integration of qualitative methods promotes a far more holistic basis for understanding the complex social phenomena that health services researchers explore. This helps to avoid the problem that Mannheim (1948) warned against: highly specialized researchers tend to "confuse the section on which [they are] working with reality itself."

REFLECTIONS FROM REFLECTIVE PRACTITIONERS: FOUR ILLUSTRATIONS

Presentations based on the work of four respected health services researchers at the conference offered a means to examine various applications and contributions of qualitative research to important contemporary studies. Schon (1983) defines the true professional as a "reflective practitioner," and the four researchers earned that distinction by sharing both their insights regarding the role of qualitative methods in each study and their own personal reflections on conducting this type of research.

A Richer Understanding of the Physician-Patient Relationship

Richard Frankel is Professor of Medicine at the University of Rochester and Director of the Highland Hospital Primary Care Institute. He is a long-time user of qualitative research methods in studies of physician-patient communication and other issues in clinical settings. Frankel reported on the contribution of qualitative methods to investigating influences of elements of the doctor-patient relationship on the likelihood of malpractice actions being brought against physicians (Levinson, Roter, Mullooly, et al. 1997). The multi-method study, funded by AHCPR, used qualitative methods in conjunction

with conventional quantitative analyses. In this study, a detailed analysis of the nature and content of interaction in physician-patient encounters was conducted based on audiotapes made of actual encounters from ten routine office visits per physician using the Roter Interaction Analysis System.

The study attempted to develop models to predict the likelihood of a physician having malpractice claims based on observations of the communication behaviors of physicians with and without a history of claims (two or more lifetime claims). Physician communication attributes such as better informing of patients, more effective use of humor, richer interaction with the patient, and longer visit times were associated with a lower probability of malpractice suits for primary care physicians, based on multivariate models of analysis. Another notable finding of the analysis was that the models based on primary care physicians' communication, which achieved good predictive success, did not apply effectively to surgeons, suggesting that patient expectations for specialty consultations may, in a manner of speaking, be qualitatively different.

Frankel's presentation of his work at the conference included playing taped excerpts from the study that vividly illustrated how audio observation of this most intimate of encounters reveals information that would be exceedingly difficult to capture retrospectively from alternative sources. Analyzing the precise nature of the exchanges between physician and patient in a systematic fashion yielded data on communication patterns that neither party would be likely to identify or articulate sufficiently in individual interviews or surveys. Likewise, because these findings come directly from the field of practice, they have real relevance and teaching value for physicians. They have been corroborated with a powerful outcome criterion—history of claims—and they have actionable implications because the elements of the transaction have been divided into meaningful behaviors linked with dimensions of communication dysfunction. The fact that the model fits primary care practice but not the surgical setting—although this result is at variance with the study hypothesis and with the conventional views found in extant literature—makes eminent sense when considered in the broader context of the reasons why people seek care from specialists versus generalists.

This study, like much of Frankel's other work (Roter and Frankel 1992; Vertrees and Frankel 1996), effectively illustrates how the creative use of qualitative techniques can push the envelope of understanding about even the most basic element of the health care delivery system, the doctor-patient transaction. Frankel noted that some obstacles remain to be overcome for this type of research to achieve standing and recognition in the clinical world

and its journals. Invariably, even the communicating of findings gleaned from audio interviews loses something when the findings have to be transcribed and adapted for journal formats. But he pointed out that many areas in this field exist where our knowledge is disturbingly superficial and is based on premises and suppositions that simply have never been fully tested. In some cases, these shortfalls may call for new and more rigorous research designs, or more and better data, or further replications of earlier work. But an alternative approach is to pursue more inventive and intensified qualitative analyses of the phenomenon of interest, to see what might have been missed and what is still waiting to be discovered.

Comprehending the Complicated World of Consumer Choice: The Consumer Assessment of Health Plans Initiative

Steven Garfinkel, a Senior Researcher with the Research Triangle Institute, reported on the contribution of qualitative research techniques to the Consumer Assessment of Health Plans Study (CAHPS) (McCormack, Garfinkel, Schnaier, et al. 1996; AHCPR 1998). The project, financed in large measure by AHCPR and HCFA, is among the most ambitious ever undertaken to develop practical, accessible, and validated instruments for the purpose of supporting consumer choice among competing health plan options for various consumer segments. Garfinkel is one of the lead investigators in a multi-year, multi-method study to develop and field test instructional information for consumers including survey instruments, report formats, and distribution strategies. In addition, the project includes a quasi-experimental design for evaluating the impact of this material on informing choice among health plan options. Garfinkel enumerated several qualitative methods components of the project, including key developmental activities that drew on the techniques of cognitive interviewing and focus groups and on the use of in-field case studies to conduct critical validation work on the elements of an elegant quasi-experimental design. These methods were embedded firmly in the overall project and were clearly recognized as essential by both the sponsors and the researchers.

Garfinkel's report described the use of cognitive interviewing and focus groups to aid in the design and refinement of consumer survey instruments addressing content, comprehensibility, and understanding of the decision process of plan selection from the vantage point of consumers. The focus groups also were used to enable the researchers to understand the elements of the implementation process, its context, and consumer reactions to various strategies for information sharing. The case studies were used to provide a

detailed description of the process by which the field test sites implemented the CAHPS reports and to obtain input from various interested parties including employer sponsors and health plans. In addition to contributing to a more holistic understanding of the rollout in the pilot studies, these studies offered a means to confirm if, in fact, the envisioned plan for the intervention was being achieved.

Obstacles faced in this project illustrated the challenges as well as the value of incorporating qualitative methods. For example, the project team found it difficult to recruit sufficient representatives of vulnerable populations (aged persons on Medicare, disabled Medicare beneficiaries, and Medicaid beneficiaries) for their cognitive interviews and focus groups. This problem introduced concerns about relying on small numbers of respondents as well as the potential for selection bias among participants. These concerns added to the importance of replication in multiple sites and locations, underscoring the need to recognize that, if a study is to embrace qualitative methods, it must include a full-scale research strategy that encompasses design as well as data collection and instrumentation decisions. Garfinkel also noted that the case studies discovered important findings that were needed to qualify results from the quantitative analyses. In one site, the information materials had not arrived in time for an open enrollment period, and plan choice was actually occurring without the planned intervention. In another site, the employer announced a layoff at approximately the same time the choice-supporting information was to be distributed to employees, introducing an obvious confounding effect with an impact that would have gone undetected otherwise. Clearly, qualitative methods have been useful in CAHPS, both in meeting a number of project needs that could not be met with quantitative methods and in providing an understanding about issues that would have undermined the evaluators' ability to derive meaningful knowledge from sophisticated quasi-experimental and randomized designs.

Sense-Making in Real Time: Exploring an Emerging Issue

The ways in which financing for the academic medical center—that most byzantine and labyrinthine of health services phenomena—is being affected by the growth of managed care provides a valuable illustration of real-time policy-oriented research as it incorporates elements of forensic science and investigative journalism (Yin 1998) together with the more typical qualitative research methods. Marsha Gold, Senior Fellow at Mathematica Policy Research, related her approach to conducting a series of three case studies

designed to begin to explore this issue in a project sponsored by the Department of Health and Human Services. A key concern was to obtain relevant, credible, and timely information that would also be available within four months to inform what was then anticipated to be a congressional debate on this issue as part of Congress's consideration of the Clinton health reform initiative.

In addition to describing the substantive issues (Gold 1996), Gold delivered an impassioned and insightful appraisal of how and why she had come to be a practitioner of qualitative research in the many studies in which she had been involved in recent years. She asserted that quantitative analyses in this realm would have been premature, ill suited for the questions at hand, and dependent solely on available data that were both insufficiently timely to be credible and heavily limited in both their scope and detail. Although the project included a quantitative component (building on parallel research in the field by Jack Hadley and on a literature review), Gold's reliance on this source exclusively, or even predominantly, might very well have succeeded only in "adding confusion to ignorance," to borrow a phrase used by Charles Ragin at the conference.

When Gold embarked on this research in 1995, little more than anecdotal evidence was available to offer guidance regarding the challenges to academic health centers brought on by the financial effects of managed care demands on them and on the markets they serve. In addition, even less was formally known about how the complex tripartite structure of academic medical centers (including teaching hospitals, faculty practice plans, and medical schools) function. This is a particularly important issue because these structures include extensive and elaborate systems of cross-subsidies that were impossible to study through existing empirical data, when the only available information was on just a part of this structure (typically, the teaching hospital). Moreover, even that information was limited and not particularly current in a rapidly changing market.

She identified four questions that policymakers wanted the study to address: (1) Are managed care plans willing to pay a premium to academic medical centers in competitive markets? (2) If AMCs are more expensive because of their teaching responsibilities, how have these expenses traditionally been covered through patient revenue from third parties? (3) How are AMCs faring now as a result of the growth of competitive systems? and (4) How has the growth of competitive medical systems affected graduate medical education? Gold concluded that her research strategy needed to be one of obtaining information through qualitative case methods drawing

on information from key observers both within and outside of centers in relevant markets. The key informants would be purposely selected to secure a breadth of information and insights from persons with experience and expertise, whose perspectives might be complementary, conflicting, or even contradictory.

Before she could execute this strategy, Gold realized that she needed to know more about the phenomenon she was studying and to think carefully about ways to structure the cases to provide the most relevant information that could be obtained in the tight time frame authorized. With the assistance of her sponsoring agency, she was able to tap the knowledge of analysts with expertise on the topic and a willingness, because of the salience of the issues, to spend the time to help her learn what she needed to know. She also decided, based on this assessment, that the most relevant information would come from focusing on two markets that could most likely be expected to show any effects if they were there to be found—markets where managed care was most developed but where it differed in other ways (Minnesota and San Diego). These markets would be complemented by a third (Washington, D.C.) that was familiar to policymakers and also less developed, thus adding to the generalizability and usefulness of the results.

Gold noted that it was crucial to educate herself prior to the interviews in order to develop an appropriate protocol and to be able to convey to the informants that they were conversing with a knowledgeable individual. In this study, it meant doing all of the interviews herself rather than having some done by junior colleagues, because it is typical for respondents to share more limited information, and in a perfunctory fashion, if they conclude that the interviewer is not well versed in the topic. Even a well-developed interview protocol cannot overcome this challenge. Moreover, the need to obtain key complementary evidence on points from those with dissident views—to better distinguish "fact" from "diverse perspectives"—is a further challenge for the inexperienced researcher. Likewise, a senior researcher can exercise judgment about when to deviate from an interview protocol without undermining the need for systematic data collection. Gold noted that conducting this type of study with days full of interviews with high-level interviewees is mentally and physically exhausting, and that it underscores the value of having a colleague participate for the purpose of taking field notes, summarizing information, and cross-validating information and impressions.

A real challenge for making this type of a study valuable lies in developing an engaging and lucid summary and analysis that integrates information and insights in a way that helps them come to life and make sense. The goal

of the report in this case was to convey in a balanced fashion what the author had learned in response to the key questions she had posed. The study also needed to acknowledge clearly what it did not contend in terms of breadth and generalizability, while it emphasized what it did contribute in terms of providing a coherent story line that incorporated the most pertinent information, insights, and even quotations gleaned from well-placed informants.

Gold concluded by noting that sponsors and funders certainly expect and respond to the strengths of this type of approach. But her experience with journals was more mixed. While some have been increasingly receptive, she found that the number of outlets is limited, especially when the need to provide evidence and depth often conflicts with space requirements. She also, however, encouraged researchers to consider whether they have always done their homework: that sometimes rejection may reflect more the failure to provide a credible and supported analysis relevant to the key issues at hand.

Moving Beyond the Numbers: Case Studies in the Assessing the New Federalism Initiative

The fourth illustration of the role of qualitative methods in contemporary health services research came from Stephen Zuckerman, Principal Research Associate in the Health Policy Center of the Urban Institute. Zuckerman, a self-described convert to qualitative research (at least as a believer if not a practitioner), detailed the roles and contributions of qualitative case studies to the Urban Institute's Assessing the New Federalism (ANF) initiative (Kondratas, Weil, and Goldstein 1998). This large, multi-year, multiple-sponsor series of studies examines many facets of evolving federal and state health and human service policy relationships. This data-rich project focuses both on assessing policy changes and on linking changes to outcomes. In addition, the study has involved assembling a compendium of state-level data from various secondary sources and collecting some original data as well.

Case studies were conducted in the 13 states that form the primary focus of the ANF project in an effort to obtain detailed documentation and information on state policy changes as well as information on the rationales for such changes. In-depth, protocol-guided interviews were conducted with various key informants inside and outside of state government. The informants also provided their own qualitative assessments and perspectives on the effects of policy changes; these were used in conjunction with quantitative analyses to appraise policy impacts. On a broader level, the case studies provided the foundation both for the overview of health policy prepared and published by the Urban Institute for each of the ANF states and for other cross-state papers

on topical themes such as safety net providers and Medicaid managed care. The information and insights from the case studies provided a context for understanding initial findings and for generating a rich set of hypotheses for subsequent analyses. Case study information also supported efforts to develop methods to classify states along complex dimensions for the examination of taxonomically significant similarities and differences among clusters of states.

Zuckerman candidly addressed the challenges and benefits that the case studies have represented in the overall ANF project. The first challenge has related to staffing the studies, which has demanded a large amount of time from senior staff. (Delegating some key interviews to junior-level staff would have limited the value and the yield from these interviews.) In addition, more senior staff time than anticipated has been required for the synthesis of the interview findings and the production of the reports. The necessary change in staffing has tended to delay the project outputs to a degree because of prior project commitments of the senior staff.

The second challenge has involved the selection of interview subjects. Getting to the right people (i.e., gaining subject participation) has sometimes proved to be difficult, because persons integral to the policy process are normally very busy individuals and their subordinates may not be good substitutes. The time available to the project for interviews of state officials, in particular, has been explicitly limited in some states. In addition, selecting the most appropriate people to interview has not always been straightforward. It tends to be better focused in states where a few key people can be identified prior to the site visit to offer guidance in identifying the major policy players.

The final significant challenge relates to processing the data gathered through the site visits. Although the research teams compiled and reviewed a great deal of background data before the interviews began, many interviewees have referred to data that were not anticipated and, in some cases, have been hard to validate during or after the site visits. Achieving comparability in findings across states has been inherently problematic because of state variability in policies, programs, and data systems. The problem may have been exacerbated, in various states, by the use of different teams of interviewers, who tended to vary in their levels of expertise on specific issues. However, when conducting site visits to 13 states on as broad a set of issues as the project covers, such variation in staffing expertise may have been unavoidable, at least during the initial round of visits.

Despite these limitations, Zuckerman stressed that the project has benefited significantly from its case study component. The context and insights gathered through the case studies have enriched significantly the many reports

that the Urban Institute has prepared. Results have been produced on a more timely basis than would otherwise have been possible, thereby providing quick and broad visibility for the project and sustaining interest and support from the sponsors. These results also have provided a useful baseline context for studying change that will become more valuable when follow-up interviews are conducted and staff members are able to benefit from the earlier information and insights. Finally, the studies have contributed numerous research questions for studies yet to be conducted. Zuckerman noted that future case studies will be more focused and more carefully planned and staffed, with an added issue expertise that will maximize the yield from them and will build on the contributions that the earlier ANF work has already made to the project.

ENRICHED BY REALITY

Berkwits and Inui (1998) have recently asserted to their fellow clinicians that "qualitative observations and interviews can provide invaluable practical information . . . [and] at a deeper level qualitative encounters are necessary to understand the 'structure' of a system; how interdependent individuals, groups, and institutional components function (or fail to function) together." These four presentations shared many commonalities in terms of how freely they recognized the practical value of qualitative methods in accomplishing the goals of their studies and the fact that without these methods the results would have been deficient, diminished, or distorted. In each case, the payoff from the qualitative work has been to ensure that the findings are more and better connected with reality—both in the researcher's view and in the minds of sponsors/funders. They also reveal just how broad the potential applications of qualitative methods can be in the field of health services research, where the need to maintain close touch with observable phenomena is great and the need-to-know of sponsors is intense. Three examples of these applications are discussed and used to frame some of the experience related in the four studies that I have summarized here:

1. Foundational and Developmental Understanding. Like the opening assertion by Freidson in *Doctoring Together* (1975), there is no substitute for having an in-depth and richly textured understanding of a phenomenon under study. This understanding may bear direct methodological fruit in terms of contributing to hypothesis development and refinement and assisting in instrument design. Moreover, an immersion process ensures that

the researcher is fully in touch with the basic dimensions of the issue under study and has moved beyond his or her preconceived notions and presumptions. The ethnographic participant-observer approach represents the apotheosis of this strategy, but less intense versions of this method can still yield good returns, as illustrated in the work Gold did with academic medical centers. In this case, the baseline descriptive work has both stand-alone value and the ability to contribute to motivating and framing subsequent studies.

Frankel's work in physician-patient communication, with its avowed efforts at really knowing what is going on, was a particularly good example of using microscopic qualitative analysis to challenge some basic, but as yet untested, assumptions about behavior. In an iconoclastic period of rapid and substantial change, when many traditional notions are under challenge and siege, in-depth qualitative analysis affords a means to engage in a searching reconsideration of some first principles. This ground-level work can break new ground in its own right, or it can be used as a foundation for adding building blocks to the assembly of a well-informed research agenda that employs a broad spectrum of research strategies and methods. The ANF project, for example, with its multiple interests and multiple methods, has been using its case studies to probe the structure and dynamics of state policymaking and to develop and test hypotheses, as has the CAHPS study. Another recent illustration of this approach is the work of Halverson et al. (1997) in their study of the diverse and evolving relationships between public health departments and managed care organizations.

2. *Transitional and Exploratory Investigations.* Some phenomena are inherently so complex or so fluid that they frustrate efforts to devise or use the taxonomies necessary to classify observations for analytical purposes. Or the numbers of occurrences are so limited as to defy groupings without resorting to excessive contortions or oversimplification. Researchers may know this a priori or they may discover it when they begin a detailed exploration. Once again reality may confuse and frustrate efforts to argue for commonality and combination to support analysis and to achieve the degrees of freedom needed for probabilistic model testing. But not only are facile and superficial abstractions unhelpful: they may be counterproductive—asserting similarities when dissimilarities abound. Sometimes case or field studies may discover that things are rather different from what they were expected to be. Garfinkel's example of discovering significant developments that confounded CAHPS evaluation design was a particularly good example of how case studies can play a "they did what?!" role in confirmation and validation.

Qualitative methods used in an exploratory manner can afford the flexibility to investigate rigorously and thoroughly emergent phenomena, or those that are singular and distinctive and for which description, not hypothesis testing, is most appropriate. Understanding how academic medical centers are responding to the demands of managed care is a prime example of the former, as are a number of studies under way that are looking at various constellations of affiliations between physicians and hospitals (Robinson and Casalino 1996; Zuckerman, Hilberman, Andersen, et al. 1997). Examples of descriptive applications include the use of case studies in the CAHPS evaluation phase that related the distinctive processes in which consumer decision support information has been shared. Other examples of this work include the many case studies that were done in evaluating major public managed care projects like the 1115 waiver evaluations (Wooldridge, Ku, Coughlin, et al. 1998) and the TEFRA Medicare Risk Contracts evaluation (Brown, Clement, Hill, et al. 1993), where implementation and related processes are of critical interest.

3. Translation and Vivification. All four of the studies illustrated how integral the qualitative work in the projects was to intensifying understanding and fleshing out the broader contexts of the issues under study and bringing the findings to life. Ironically, while bench scientists and other experimentalists aspire to control or block out confounding factors to isolate treatment effects, ignoring these issues or disregarding their presence could be counterproductive and might undermine the credibility of a contemporary policy research study. In fact, some of the quantitative analysis that is built around exquisitely crafted multivariate models suffers from an oversimplification that erodes the confidence that funders may have in the findings. Models may be tested with variables that are poor surrogates or are imprecisely measured or poorly distributed. Worst of all, the findings may be biased by the dreaded omitted or "lurking" variable. Sterile models like these can quickly reach a point of diminishing return despite the use of the most sophisticated of statistical techniques. Qualitative studies may offer no guarantee that the models they produce are more comprehensive, but the expectation that they will enable researchers to communicate meaningful findings to practitioners offers a valuable reality check—as noted in the CAHPS and ANF studies. They also can be especially useful, for descriptive purposes, to chronicle implementation, track progress, and offset the consequences of expected lags in the availability or impact of outcomes data.

On a broader level, qualitative work may be particularly valuable in the creation of a detailed and comprehensive picture of reality that serves as a knowledge base that can be used for educational and instructional purposes. A focus on process, which is, after all, where and how practitioners and policymakers typically intervene, can yield great value to sponsors. The accumulation and presentation of real examples, vivid insights, and evocative quotations may capture the attention of readers and can substantially enhance the value of a study. Frankel's work in physician-patient communication can be used to educate physicians in training to be more effective and successful practitioners. Work from the ANF project or in the 1115 evaluations can be used to apprise policymakers in other states of the complex and challenging process of implementing large-scale managed care programs for Medicaid beneficiaries. The in-depth studies of efforts to develop integrated delivery systems conducted by Shortell, Gillies, Andersen, et al. (1996) can provide the basis for realistic and dynamic teaching cases that introduce managers and managers-in-training to the strategic and tactical challenges that these efforts represent. As several of the presentations noted, the ability of a well-crafted qualitative study to provide a pertinent and engaging story line cannot be underestimated or undervalued.

But It Has To Be Done Well . . .

A commonly raised theme in the presentations was that qualitative research is difficult and demanding. It is not simply "calling around" or "talking to some folks" or "dropping in for a site visit," as skeptics sometimes disparagingly refer to it, any more than quantitative analysis is fairly characterized as mere "regression running." Because, as Patton (1997) suggests, the researcher is in part the instrument in this work, the experience, savvy, and skill and energy levels of the qualitative investigator are crucial to its success. Gold's comment, about how the quality of information gleaned in interviews may be directly proportional to the extent to which the informant sizes up the capabilities of the interviewer, brought this point home quite cogently.

Expertise in both the methodological and the substantive areas may be necessary in many situations where the qualitative researcher needs to know how to conduct thorough and incisive investigations, and then how to synthesize, interpret, and report the findings in a manner understandable to a diverse audience. Quantitative researchers may simply have a less pressing need to know the specifics and subtleties of issues for which variables and measures are not available or are not going to be incorporated in analytical

models. Sense-making in qualitative research often demands a fuller understanding of a phenomenon because the researcher cannot facilely invoke *ceteris paribus* or relegate unexplained variation to the error term. For this reason, the independence of the qualitative researcher must be convincingly communicated, or his or her biases forthrightly acknowledged, to confront concerns that the views of the intimately involved researcher may shape or color the findings. And the limitations of these methods, like any research methods, must be fully acknowledged to bolster their credibility and the confidence others can have in the findings.

Notably, all of the presenters indicated that their initial research methods training and experiences were with quantitative (or experimental) methods, but that their interests and the challenges of the work they pursued moved them to a growing reliance on qualitative methods and/or to an increasing confidence in qualitative work methods. Moreover, in each case they described projects that used quantitative and qualitative methods in tandem or in a coordinated fashion. And each of them noted important similarities in terms of standards of proof and rigor between the types of methods. Taken together, these points underscore the need to recognize and respect both the coexistent and the complementary relationships between methods in order to pursue effectively the building of bodies of knowledge.

By implication, these observations also suggest that education for future health services researchers should promote and cultivate methodological pluralism. Although practical and pedagogical limitations clearly exist to the achievement of full cross-training in research methodologies, parochial and chauvinistic approaches to such training will only handicap the best students and impede their attempts to become the best researchers they can be. Such limiting approaches will also interfere with the ability of newly formed researchers to be responsive to the pressing needs-to-know of many sponsors. Most researchers seem generally ready to accept the fact that, when looking at substantive issues, one man's career can be another man's covariate. A comparable spirit of tolerance of qualitative and quantitative research methods would seem to be a valuable goal to strive for as the next generation of health services researchers is prepared to practice what Campbell (1975) calls the "applied epistemology which integrates both."

CONCLUSION

Researchers engaged in major contemporary policy studies appear to be less susceptible to being ensnared in the "politics of the paradigm" by which Patton

characterizes the tensions between qualitative and quantitative research. This may be due to the nature of the policy questions under study; the complex, multifaceted features of many issues being explored; the emergent and/or fluid nature of many of the phenomena of interest in the health care arena; or the fact that purveyors of quantitative research cannot alone respond to the profoundly simple question on the minds of many policymakers/sponsors: "so what?" It is likely that all of these forces have converged to recognize the contributions that qualitative methods are making to health policy research and to have firmly established a role for them that is not likely to soon be diminished. In light of this, it is incumbent on the field of health services research to ensure that its practitioners have the knowledge, skills, and open-mindedness to seize the opportunities to continue to produce high-caliber qualitative research.

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